



HEAD START

DRIVER OF THE YEAR - 2009

Nominated Drivers Full Name: _____

Date of Birth: ____/____/____

Head Start Facility: _____

Driver's License #: _____ (Must be fully licensed for vehicle driven).

DRIVER'S BACKGROUND INFORMATION: (To qualify for this award, the driver must have: (1) At least 5 years of Head Start driving experience, (2) Excellent driver safety record and (3) Must incorporate Head Start philosophy when working with children).

FACTS AND SPECIFIC ACHIEVEMENTS: (Provide any information that will show why the nominee is deserving of the award. Additional pages may be used and attachments may be included to reinforce the nomination.)

SIGNATURE OF THE PERSON OR PERSONS MAKING THE NOMINATION:

Signed by: _____ Date: ____/____/____

Position: _____

SIGNATURE OF THE PERSON IN CHARGE OF TRANSPORTATION:

Signed by: _____ Date: ____/____/____

Position: _____

ENDORSEMENT BY THE HIGHEST LEVEL OF ADMINISTRATION IN THE ORGANIZATION.

Signed by: _____ Date: ____/____/____

Position: _____

Return this document to:
Deadline for submission
Is June 1, 2009

Maxine Mougeot Montana Office of Public Instruction PO Box 202501 Helena, MT 59620
